

MISSOURI DEPARTMENT OF HEALTH STATE PUBLIC HEALTH LABORATORY

RECEIVED

DHSS Breath Alcohol Program By Carol Day at 12:27 pm, Aug 28, 2009

CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file. INTOXILYZER 5000 SN DATE OF INSPECTION 08 | 21 | 2009 TIME OF INSPECTION LOCATION OF INSTRUMENT (STREET AND CITY) CHECKLIST LONG & M. CHOUTERY LONG 2147 HRX Place a check (✓) to left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument. DIAGNOSTIC CHECK (PRINTOUT ATTACHED) CHARACTER DISPLAY TEST _____ PRINT TEST (PRINTOUT ATTACHED) TIME AND DATE _____ CALIBRATION CHECK-Run three tests using a standard solution. All three tests must be within +/- 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED) 10.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) [ZI-SIMULATOR TEMPERATURE (34° +/- .2°C) 34.0°C PERFORM RFI TEST (PRINTOUT ATTACHED) FILMUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS) 2 | .15-.19 0-.04 / .05-.09 / .10-.14 Over .19 2 REFUSALS List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary). Sreath Instrument fested and Certified within Laboratines, 10 Salution, lot # 08400, exp. 12/08/09 **INSPECTING OFFICER** SIGNATURE Tim Fullor TYPE II PERMIT NUMBER/EXPIRATION DATE # 820263 (816) 234-5000



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 08400 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1204 percent (w/vol) ethyl alcohol. The expiration date for this lot number is December 8, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

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SUBJECT NAME

LOCATION OF TEST

SUBJECT NAME

OFFICER'S SIGNATURE & SERIAL NO. Form 123 P.D. (8-91)

LOCATION OF TEST

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State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



TIMOTHY FILLPOT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date Number	09/10/08	Tie C. Oolanh.
	820263	Director of State Public Health Laboratory
	09/10/2010	A second
Expires .		Director, Department of Health
MO 580-07	71 (7-88)	Lab. 4 (87-88)